

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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SPECIAL REPORTING ISSUE — 2004

In Los Angeles County, more than 80 diseases are reportable by law to the local health department. Since there are several different forms and procedures to report diseases, this special issue of **The Public's Health** was designed to facilitate disease reporting during 2004.

The timely and accurate reporting of communicable diseases (both confirmed and suspected cases) is a critical component of disease surveillance, prevention and control. Delay or failure to report may contribute to secondary transmission of disease and is a misdemeanor (Health and Safety Code §12095). In addition, the potential threat of bioterrorist activity further increases the need for prompt and thorough disease reporting.

Reporting changes implemented in 2003

Very few changes for disease reporting in Los Angeles County were implemented over the last year—as such, the previous special reporting issue of **The Public's Health** (January 2003) is still essentially accurate for reporting the vast majority of diseases. Only three changes implemented during 2003 should be noted. One, hospitalized varicella cases have been added to the list of reportable diseases and illnesses (the full list of

Continued on page 2

HIPAA: HEALTHCARE INFORMATION PRIVACY STANDARDS EXEMPT REPORTING TO PUBLIC HEALTH AGENCIES

Many healthcare professionals remain unsure of the legality of disease reporting in light of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Congress established the HIPAA regula-

HIPAA regulations permit disease reporting to public health agencies.

tions to safeguard personal medical information from inappropriate disclosure and misuse. Full implementation of these regulations was mandated in April 2003. While much has been written about HIPAA standards, healthcare providers continue to question the legality of communicable disease reporting without obtaining prior patient

consent. New patient record privacy standards do not preclude sharing information with public health officials. In fact, HIPAA regulations contain specific language permitting reporting to public health agencies of diseases and conditions listed in state public health laws and regulation. Patient authorization is NOT required when you as a healthcare professional or clinical laboratory director suspect or diagnose a disease of public health importance that is reportable by law in California or Los Angeles County. The public health reporting exceptions are described in Section 164.512b (p. 82813-4) under "permitted disclosures." The full HIPAA regulations, background, and technical assistance are available at www.hhs.gov/ocr/hipaa.

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Reporting Diseases (from page 1)

reportable conditions is included in this issue). This addition was implemented due to the continued high rates of morbidity resulting from this disease and the need to better monitor this vaccine-preventable illness. Hospitalized cases should be reported within 7 days of identification using the standard Confidential Morbidity Report (CMR) form enclosed in this issue. Fatal cases of varicella should be reported immediately by phone to Acute Communicable Disease Control: 213-240-7941.

**Fatal cases of varicella should be reported immediately by phone to
Acute Communicable Disease Control
213-240-7941**

The second change in disease reporting implemented in 2003 is the revision of the Los Angeles County sexually transmitted disease (STD) reporting form—the form is included in this issue and a description of these changes is provided on page 15.

The third and final change implemented in 2003 is specific to laboratories — laboratories receiving specimens for the diagnosis of potential bioterrorism-associated diseases must immediately contact the California Department of Health Services. The phone number to report bacterial tests has changed to 510-412-3700. Laboratories receiving viral specimens for potential bioterrorism diseases should call (510) 307-8575.

Previous changes in disease reporting

While minimal changes in disease reporting occurred over the past year, several critical changes occurred in recent years prior to 2003. During 2002, two significant changes in disease reporting were implemented. First, the mandatory reporting of human immunodeficiency syndrome (HIV) was initiated in July 2002. This addition does not replace the reporting of Acquired Immunodeficiency Syndrome (AIDS), which has been reportable since 1983. Unique to HIV reporting is the exclusion of personal identifiers and the necessary interaction between healthcare providers and laboratories that diagnose HIV infection. This requires a special process (described previously in the July/August 2002 issue of **The Public's Health** available at: www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH_July-August_2002_rev.pdf). For questions, call 213-351-8561. For your convenience, the HIV/AIDS Case Report Form (DHS 8641A: 9/01) is provided in this issue.

Invasive pneumococcal disease (IPD) reporting was also initiated in 2002 (as described in the October 2002 issue of **The Public's Health** available at: www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH_October_2002.pdf)

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Reporting Diseases (from page 2)

The reduction of IPD is a priority of the CDC and is among the Healthy People 2010 objectives set by the United States Surgeon General. Nationally, 23 states require reporting of IPD and 28 require reporting of drug-resistant *Streptococcus pneumoniae* infections. *S. pneumoniae* is a leading cause of illness in young children and causes substantial illness and death in the elderly. Enhanced IPD surveillance also allows more effective tracking and response to antimicrobial resistant infections. Additional instructions and related information are available at: www.lapublichealth.org/acd/antibio.htm or by calling 213-240-7941.

During 2001, the most significant changes in disease reporting were established for enhanced bioterrorism surveillance. Because of the potential threat of its use as a bioterrorist agent, smallpox was reinstated to the list of reportable diseases. In addition, fatal cases of varicella were also added to the list—both require immediate notification by telephone to Acute Communicable Disease Control (213-240-7941). A total of seven agents have been defined by the CDC as posing the most risk to national security thereby meriting intensive surveillance and rapid reporting: **anthrax, botulism, brucellosis, plague, smallpox, tularemia, and viral hemorrhagic fever viruses**; any case or suspected case requires immediate notification by telephone to Acute Communicable Disease Control. In addition, laboratories receiving specimens for the diagnosis of any of these diseases must immediately contact the California Department of Health Services (510-412-3700 for bacterial testing, 510-307-8575 for viral testing). 



Bioterrorism Information Manual Now Available

Healthcare facilities and clinicians need to be aware of and prepared for bioterrorism. Since individual healthcare providers may be the first to recognize and respond to a bioterrorist event, early detection by astute clinicians and rapid reporting to the local health department will be critical in minimizing the impact of a bioterrorism event or other infectious disease emergency.

The Los Angeles County Department of Health Services has recently published a clinicians' manual, *Terrorism Agent Information and Treatment Guidelines for Clinicians and Hospitals*, which provides a comprehensive resource for information on biological, chemical and radiological terrorism. This book can serve as an important guide for responding to and seeking information in the event of an attack.

This manual is available to you for immediate reference in electronic form on the websites www.ladhs.org and www.labt.org. If you would like to receive a printed copy of this manual, free of charge, please send your name and mailing address via email to bt@dhs.co.la.ca.us or via fax to 213-580-0194.

As always, to report outbreaks or a case of any reportable disease, call the Communicable Disease Reporting System Hotline at 888-397-3993. If you suspect a possible bioterrorist incident, immediately contact the Los Angeles County Acute Communicable Disease Control Program at 213-240-7941 (M-F 8-5) or 213-974-1234 (after hours) and ask to speak to the physician-on-call. 

Perhaps the most critical aspect of an effective response to a bioterrorist event is recognizing that something unusual is occurring. Primary healthcare providers will probably be the first to observe and report bioterrorist-associated illness. As such, healthcare professionals should be aware of unusual occurrences or patterns of disease which include:

- serious, unexpected, unexplained acute illness with atypical host characteristics (e.g., young patient, immunologically intact, no underlying illness or recent travel or other exposure or potential source of infection);
- multiple similarly presenting cases — especially if these are geographically associated or closely clustered in time;
- an increase in a common syndrome occurring out of season (e.g., influenza-like illness in the summer)

Anything suspicious warrants an immediate call to ACDC: 213-240-7941

New User-Friendly STD Confidential Morbidity Report

To facilitate the reporting of new cases of sexually transmitted diseases (STD), the Los Angeles County STD Program has revised the STD Confidential Morbidity Report (CMR) for improved design and readability. The new two-page form, enclosed in this issue, contains three sections requesting information about: the provider, patient, and diagnosis and treatment.

Among the recent changes, the provider section now includes space for a clinic stamp for easier completion. In the diagnosis and treatment section, specimen collection date and treatment date are needed for chlamydia and gonorrhea cases. For cases of congenital syphilis, separate CMRs are needed for both the infant and the mother. Finally, instructions for form submission and how to obtain additional information about STD case definitions and HIV reporting have been added. These changes were

developed through usability testing involving clinic staff at several county public health centers.

As mandated by state law (California Administrative Code, Title 17, Public Health, Section 2500), healthcare providers must report newly identified cases of STDs (including chlamydia, gonorrhea, chancroid, non-gonococcal/non-chlamydial urethritis, and pelvic inflammatory disease) within seven calendar days, with the exception of syphilis, which must be reported within one working day. Timely and accurate reporting of STDs is crucial to disease control efforts. This requirement does not contradict the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule which allows covered entities to disclose protected health information to public health authorities when required by federal, tribal, state, or local laws [45 CFR 164.512(a)].

For more information about STD reporting or questions about HIPAA rules for reporting STD cases contact the STD Program at (213) 744-3070. ☒

Mandatory Animal Bite Reporting

The Veterinary Public Health and Rabies Control Program (VPH-RCP) is the designated program responsible for investigating all reported animal bites and suspected animal rabies cases throughout the county. Los Angeles is a rabies endemic county, with approximately one rabid bat being identified each month. Even though rabies has not been detected in local domestic animals since 1987, there is a chance that a dog or cat could contract rabies from an infected bat or an infected animal could be imported into the county.

Physicians and other health care providers are legally required to report all animal bites that come to their attention to VPH-RCP. Reports may be submitted by fax, phone or the internet. VPH-RCP personnel will then either quarantine the biting animal or submit it for testing to rule out rabies.

Animal Disease/Death Reporting

Animals infected with diseases that may be associated with bioterrorism, zoonoses or foreign animal diseases must be reported to VPH-RCP. Also, unusual animal deaths or illness clusters are reportable by phone, fax or the internet.

Animals may serve as sentinels for the introduction of new infectious diseases into the community, whether intentionally (e.g., bioterrorism) or naturally (e.g., West Nile Virus [WNV]). Animal illness may be identified prior to human cases, so animal disease surveillance may allow for earlier identification of disease threats. Wild bird deaths are currently reportable as part of WNV surveillance. ☒

Veterinary Public Health and Rabies Control Program

Phone number: 877-747-2243

Fax number: 323-735-2085, 323-731-9208

Internet reporting:

Bites: www.lapublichealth.org/vet/biteintro.htm

Animal diseases: www.lapublichealth.org/vet/disintro.htm

Reporting Cases of Vaccine-Preventable Diseases to the Health Department

Why is it important?

The Immunization Program assists with controlling the spread of vaccine-preventable diseases in the community. Timely reporting to the Health Department of suspected or confirmed cases is critically important for our control measures. Once a case is reported, it is not merely a statistic. Public health nurses investigate every reported case of measles, rubella, congenital rubella syndrome, pertussis, *Haemophilus influenzae* type b, hepatitis A, tetanus, diphtheria, and polio, as well as outbreaks of vaccine-preventable diseases; they implement control measures to prevent spread to family members and the community. The confidentiality of patient information is protected by law.

What are the reporting requirements for selected vaccine-preventable diseases?

California Code of Regulations, Title 17, Section 2500, Public Health, requires health care providers to report the following diseases or conditions of public health importance to the local health department. (Note: **This is only a partial list of all reportable diseases.** The most recent list of all reportable diseases is available in this issue and at the Department of Health Services Acute Communicable Disease Control web site www.lapublichealth.org/acd/reports/acdcmr.pdf).

DISEASE	REPORTING PROCEDURE
Diphtheria	Report immediately to Acute Communicable Disease Control (ACDC) by phone (213) 240-7941. After hours, report to (213) 974-1234 for release of anti-toxin.
<i>Haemophilus influenzae</i> , invasive disease Hepatitis A Measles (rubeola) Pertussis (whooping cough) Poliomyelitis, paralytic	Report by mail, phone, or fax within 1 working day of identification of the case or suspected case. The Immunization Program requests an immediate phone call for measles cases (213) 351-7800. After hours, please call (213) 974-1234.
Hepatitis B (specify acute or chronic case) Mumps Pneumococcal, invasive disease * Rubella (German measles) Rubella syndrome, congenital Tetanus	Report by mail, phone, or fax within 7 calendar days of identification of the case or suspected case. The Immunization Program requests an immediate phone call for rubella cases (213) 351-7800. After hours, please call (213) 974-1234.
Outbreaks of any disease	Report immediately to the Communicable Disease Reporting System by phone (888) 397-3993. Report varicella outbreaks (5 or more cases) to the Immunization Program at (213) 351-7800. After hours, please call (213) 974-1234.

* Required in Los Angeles County. Use the IPD report form available at www.lapublichealth.org/acd/procs/pneumo/spfmr.pdf.

Where and how do I report these diseases?

Health care workers and school officials are required by law to report cases of vaccine-preventable diseases. Cases can be reported to the Communicable Disease Reporting System (CDRS) by telephone or fax. Confidential Morbidity Report (CMR) forms can be obtained by fax from any local health center registrar, from the Morbidity Central Reporting Unit (MCRU), or from the Department of Health Services web site at www.lapublichealth.org/acd/reports/acdcmr.pdf. Cases among residents of Long Beach or Pasadena should be reported to those city health departments. 

Report to:

Communicable Disease Reporting System

Hotline: (888) 397-3993

Fax: (888) 397-3778

Morbidity Central Reporting Unit

Phone: (213) 240-7821

For general information only:

E-mail: [cdsreprt@dhs.co.la.ca.us](mailto:cdrsreprt@dhs.co.la.ca.us)

For cases among residents

of Long Beach and Pasadena:

Long Beach City Health Dept.

Epidemiology

Phone: (562) 570-4301/4302

Fax: (562) 570-4374

Pasadena City Health Dept.

Public Health Nursing

Phone: (626) 744-6128

Fax: (626) 744-6115

For additional information about vaccine-preventable disease reporting:

Immunization Program

Epidemiology Unit

Phone: (213) 351-7440

Fax: (213) 351-2782

Los Angeles County Department of Health Services Information and Reporting Phone Numbers

	Phone Number	Hours available	Service Providers	What can be reported?
AIDS/STD				
HIV/AIDS Surveillance	213-351-8516	8AM-5PM M-F	Healthcare Providers/Labs	HIV/AIDS case reporting and HIV confirmed test results.
Sexually Transmitted Disease/HIV Hotline	1-800-758-0880	7AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	STD/HIV information line; specific information available from a Health Educator.
ANIMAL REPORTING				
Animal Rabies and Disease Reporting	1-877-747-2243	7AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	Reporting of animal bites, rabies, and dead birds for disease surveillance (e.g., West Nile Virus).
CHILDREN SERVICES				
California Children Services	1-800-288-4584	8AM-5PM	General Public	Medical assessments and referrals.
LA County Child Health/Disability Prevention	1-800-993-2437	7:30AM-5PM	Public and Healthcare Providers	Information regarding immunizations and medical examinations.
LA County Child Protection Hotline	1-800-540-4000	24 hours	Public, Healthcare Providers & Law Enforcement	Child abuse reporting, social workers available for information.
DISEASE AND ILLNESS RELATED INFORMATION LINES				
Communicable Disease Reporting System (CDRS)	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers	Communicable disease reporting.
Environmental Health Hotline	1-888-700-9995	8AM-4PM M-F monitored; 24hr line	Public and Healthcare Providers	Food facility complaints, technical issues, policies and procedures.
Foodborne Illness Reporting	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers and General Public	Reporting of possible foodborne illnesses.
Health Facilities (Complaints)	1-800-228-1019	8AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	Complaints about health facilities.
Health Services Information	1-800-427-8700	7AM-6PM M-F	Public and Healthcare Providers	Healthcare resource information, county facility and information numbers.
LA County Alcohol and Drug Programs	1-800-564-6600	8AM-5PM M-F	General Public	Information regarding alcohol and drug treatment centers.
Lead Program: General Information Line	1-800-524-5323 1-800-LA 4 LEAD	8AM-5PM M-F	Healthcare Providers and General Public	General information line concerning lead poisoning
Lead Program: Medically elevated blood levels of lead reporting	323-869-7195	8AM-5PM M-F	Healthcare Providers/Labs	Reporting of medically determined high levels of lead in the blood.
Lead Program: Unsafe work practices for those working with lead-based products	323-869-7015	8AM-5PM M-F	General Public	Reporting unsafe methods of removing lead-based paint.
TB Control Program: Surveillance Unit	213-744-6160 or Fax 213-749-0926	8AM-5PM M-F; 24/hr msg.	Healthcare Providers	Reporting TB cases and suspected cases.

REPORTABLE DISEASES AND CONDITIONS
Title 17, California Code of Regulations (CCR), § 2500

Editor's Note: Following the publication of this issue, the Los Angeles County Reportable Disease List was updated. The new list is available on this page.

It shall be the duty of every healthcare provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no healthcare provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. "Healthcare provider" encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

Urgency Reporting Requirements:

- ☎ = Report immediately by telephone.
- ☒ = Report by mailing, telephoning or electronically transmitting a report within 1 working day of identification of the case or suspected case.
- ① = Report by telephone within 1 hour followed by a written report submitted by facsimile or electronic mail within 1 working day.
- ⑦ = Report within 7 calendar days from the time of identification by mail, telephone or electronic report.

REPORTABLE DISEASES

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ☒ Acquired Immune Deficiency Syndrome (AIDS) * ☒ Amebiasis ☒ Anisakiasis ☎ Anthrax ☒ Babesiosis ☎ Botulism: Infant, Foodborne, or Wound ☎ Brucellosis ☒ Campylobacteriosis ⑦ Chancroid * ⑦ Chlamydial Infections * ☎ Cholera ☎ Ciguatera Fish Poisoning ⑦ Coccidioidomycosis ☒ Colorado Tick Fever ☒ Conjunctivitis, Acute Infections of the Newborn, specify etiology ☒ Cryptosporidiosis ⑦ Cysticercosis ☎ Dengue ☎ Diarrhea of the Newborn, outbreaks only ☎ Diphtheria ☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning) ⑦ Echinococcosis (Hydatid Disease) ⑦ Ehrlichiosis ☒ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic ☎ <i>Escherichia coli</i> O157:H7 Infections ☒ Foodborne Disease:
☎ 2 or more cases from separate households with same suspected source ⑦ Giardiasis ⑦ Gonococcal Infections * ☒ <i>Haemophilus influenzae</i>, Invasive Disease ☎ Hantavirus Infections ☎ Hemolytic Uremic Syndrome ☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) | <p>Hepatitis:</p> <ul style="list-style-type: none"> ☒ Hepatitis A ⑦ Hepatitis B, specify Acute or Chronic ⑦ Hepatitis C, specify Acute or Chronic ⑦ Hepatitis D (Delta) ⑦ Hepatitis Other, Acute ⑦ Human Immunodeficiency Virus (HIV) * ⑦ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) ⑦ Legionellosis ⑦ Leprosy (Hansen's Disease) ⑦ Leptospirosis ☒ Listeriosis ⑦ Lyme Disease ☒ Lymphocytic Choriomeningitis ☒ Malaria ☒ Measles (Rubeola) ☒ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic ☎ Meningococcal Infections ⑦ Mumps ⑦ Non-Gonococcal Urethritis (report laboratory confirmed Chlamydia as Chlamydia) * ☎ Paralytic Shellfish Poisoning ⑦ Pelvic Inflammatory Disease (PID) * ☒ Pertussis (Whooping Cough) ☎ Plague, Human or Animal ☒ Poliomyelitis, Paralytic ☒ Psittacosis ☒ Q Fever ☎ Rabies, Human or Animal ☒ Relapsing Fever ⑦ Reye Syndrome ⑦ Rheumatic Fever, Acute ⑦ Rocky Mountain Spotted Fever <p>Rubella:</p> <ul style="list-style-type: none"> ⑦ Acute Rubella (German Measles) ⑦ Congenital Rubella Syndrome | <ul style="list-style-type: none"> ☒ Salmonellosis (other than Typhoid Fever) ☎ Scabies (Atypical or Crusted) ★ ☎ Scombroid Fish Poisoning ☒ Shigellosis ☎ Smallpox <p>Streptococcal Infections:</p> <ul style="list-style-type: none"> ☒ Outbreaks of any type ☒ Individual case in a food handler ☒ Individual case in a dairy worker ☒ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★
(Do <u>not</u> report individual cases of pharyngitis or scarlet fever.) ⑦ <i>Streptococcus pneumoniae</i>, Invasive ★ ☒ Swimmer's Itch (Schistosomal Dermatitis) ☒ Syphilis * ⑦ Tetanus ⑦ Toxic Shock Syndrome ⑦ Toxoplasmosis ☒ Trichinosis ☒ Tuberculosis * ☎ Tularemia ☒ Typhoid Fever, cases and carriers ⑦ Typhus Fever <p>Varicella:</p> <ul style="list-style-type: none"> ☎ Varicella, Fatal Cases ⑦ Varicella, Hospitalized Cases
(Do <u>not</u> report cases of herpes zoster/shingles.) <ul style="list-style-type: none"> ☒ <i>Vibrio</i> Infections ☒ Water-associated Disease ☎ Yellow Fever ☒ Yersiniosis <p>☎ OCCURRENCE OF ANY UNUSUAL DISEASE</p> <p>☎ OUTBREAKS OF ANY DISEASE</p> |
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Notification Required of Laboratories (CCR § 2505)

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| <ul style="list-style-type: none"> ① Anthrax + ① Botulism ■ ① Brucellosis + ☒ Chlamydial Infections * ☒ Cryptosporidiosis ☒ Diphtheria + ☒ Encephalitis, arboviral ① <i>Escherichia coli</i> O157:H7 or Shiga toxin-producing <i>E. coli</i> O157:NM + ☒ Gonorrhea * ☒ Hepatitis A, Acute Infections, by IgM antibody test or positive viral antigen test | <p>Hepatitis B:</p> <ul style="list-style-type: none"> ☒ Acute Infections, by IgM anti-HBc antibody test ☒ Surface Antigen Positivity (specify gender) ① Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■ ⑦ Human Immunodeficiency Virus (HIV) * ☒ Listeriosis + ☒ Malaria + ☒ Measles (Rubeola), Acute Infections, by IgM antibody test or positive viral antigen test ① Plague, Animal or Human + | <ul style="list-style-type: none"> ☒ Rabies, Animal or Human ☒ Salmonella + ① Smallpox ■ ⑦ <i>Streptococcus pneumoniae</i>, Invasive ★ ☒ Syphilis * ☒ Tuberculosis + ① Tularemia + ⑦ Typhoid and other <i>Salmonella</i> Species + ☒ <i>Vibrio</i> Species Infections + |
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- ★ Reportable to the Los Angeles County Department of Health Services.
- +
- Bacterial isolates and malarial slides must be forwarded to the Los Angeles County DHS Public Health Laboratory for confirmation. Healthcare providers must still report all such cases separately.
- Laboratories receiving specimens for the diagnosis of these diseases must immediately contact the California Department of Health Services; for bacterial testing call 510-412-3700, for viral testing call 510-307-8575. For botulism testing, contact Acute Communicable Disease Control at 213-240-7941.

Non-communicable Diseases or Conditions

- | | | |
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| <ul style="list-style-type: none"> ⑦ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810) <p>* For questions regarding the reporting of HIV/AIDS, STDs, or TB, contact their respective programs:</p> <p>HIV Epidemiology Program
213-351-8516
www.lapublichealth.org/hiv/index.htm</p> | <ul style="list-style-type: none"> ⑦ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810) <p>STD Program
213-744-3070
www.lapublichealth.org/std/index.htm</p> | <ul style="list-style-type: none"> ☒ Pesticide-Related Illnesses (Health and Safety Code, § 105200) <p>TB Control Program
213-744-6271 (for reporting) 213-744-6160 (general)
www.lapublichealth.org/tb/index.htm</p> |
|--|---|---|

To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline
Tel: 888-397-3993 • Fax: 888-397-3778

VIII. Clinical Status

Clinical record reviewed Yes No Enter date patient was diagnosed as
 • Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy) Month Year
 • Symptomatic (not AIDS).....

AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date		AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date	
	Def.	Pres.	Month	Year		Def.	Pres.	Month	Year
Candidiasis, bronchi, trachea, or lungs	1	NA			Lymphoma, Burkitt's (or equivalent term)	1	NA		
Candidiasis, esophageal	1	2			Lymphoma, immunoblastic (or equivalent term)	1	NA		
Carcinoma, invasive cervical	1	NA			Lymphoma, primary in brain	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA			Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary	1	2		
Cryptococcosis, extrapulmonary	1	NA			M. tuberculosis, pulmonary	1	2		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA			M. tuberculosis, disseminated or extrapulmonary*	1	2		
Cytomegalovirus disease (other than in liver, spleen, or nodes)	1	NA			Mycobacterium of other species or unidentified species, disseminated or extrapulmonary	1	2		
Cytomegalovirus retinitis (with loss of vision)	1	2			Pneumocystis carinii pneumonia	1	2		
HIV encephalopathy	1	NA			Pneumonia, recurrent, in 12-month period	1	2		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis	1	NA			Progressive multifocal leukoencephalopathy	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA			Salmonella septicemia, recurrent	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA			Toxoplasmosis of brain	1	2		
Kaposi's sarcoma	1	2			Wasting syndrome due to HIV	1	NA		

Def =definitive diagnosis Pres =presumptive diagnosis *RVCT case number

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? Yes No Unknown

IX. Treatment/Services Referrals

Has the patient been informed of his/her HIV infection? Yes No Unknown

This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:
 Health Department Physician/Provider Patient Unknown

This patient received or is receiving:
 • Antiretroviral therapy Yes No Unknown

 • PCP prophylaxis Yes No Unknown

This patient is receiving or has been referred for:
 • HIV-related medical services Yes No NA Unknown

 • Substance abuse treatment services Yes No NA Unknown

This patient has been enrolled at:
 Clinical Trial Clinic
 NIH-sponsored HRSA-sponsored
 Other Other
 None None
 Unknown Unknown

This patient's medical treatment is primarily reimbursed by:
 Medicaid Private insurance/HMO
 No coverage Other public funding
 Clinical trial/government program Unknown

For women: • This patient is receiving or has been referred for gynecological or obstetrical services. Yes No Unknown

 • This patient is currently pregnant. Yes No Unknown

 • This patient has delivered live born infant(s). Yes No Unknown

 (If yes and if delivered after 1977, provide birth information below for the most recent birth)

Child's date of birth Month Day Year Hospital of birth Child's Soundex Child's state patient number
 City State

X. Comments

Health Department Use Only: Census Tract: _____ Non-LA: _____ Assigned To: _____
 Health District: _____ NIR Code: _____ Approved By: _____

Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.

XI. Provider Information

Physician's name (last, first, MI) Telephone number Patient's medical record number Person completing form Telephone number
 Address (number, street) City State ZIP code

MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.

PATIENT'S LAST NAME (COMPLETE SECTIONS 1 & 2 FIRST)

FIRST NAME

MI

Grid for patient last name

Grid for patient first name

Grid for patient middle initial

ADULT SYPHILIS

Primary Syphilis: Onset Date (MM/DD/YY), Lesion Sites (Genital, Perirectal, Oral, Other, Vagina, Rectum)

Secondary Syphilis: Onset Date (MM/DD/YY), Symptoms (Palmar/Plantar Rash, Gen. Body Rash, Alopecia, Other)

Latent Syphilis: Early Latent (<1 Year), Late Latent (>1 Year), Latent, Unknown Duration, Late Syphilis, Neurosyphilis (with Describe Symptoms field)

Specimen Collection Date (MM/DD/YY), Partner Information (elicited/treated counts)

Titer (RPR, VDRL, TP-PA, FTA-ABS, CSF-VDRL), Patient Treated (Yes/No), Date(s) Treated, Medication / Dose

CONGENITAL SYPHILIS (SEPARATE CMRS SHOULD BE SUBMITTED FOR MOTHER AND INFANT)

INFANT INFORMATION (complete section A and B if this is mother's CMR; complete only section B if this is infant's CMR)

(A) INFANT'S LAST NAME

INFANT'S FIRST NAME

INFANT'S MEDICAL RECORD NUMBER

(B) INFANT'S BIRTH DATE, GESTATION (wks), GENDER (M/F), Live/Still Birth

WEIGHT (grams), SYMPTOMS (Yes/Describe/No)

Serum: Laboratory Test Date (MM/DD/YY), RPR (Reactive/Non-reactive/Not Done), Titer 4x> mothers? (Yes/No), Long Bone X-rays (Positive/Negative/Not Done), Infant Treated (Yes/No)

CSF: Laboratory Test Date (MM/DD/YY), VDRL (Reactive/Non-Reactive), WBC >5/mm³ (Yes/No), Protein >50mg/dl (Yes/No)

MATERNAL INFORMATION (complete if this is infant's CMR)

MOTHER'S LAST NAME

MOTHER'S FIRST NAME

MOTHER'S MEDICAL RECORD NUMBER

MOTHER'S BIRTH DATE, MOTHER'S SEROLOGY AT DELIVERY (Lab Test Date: MM/DD/YY)

STAGE OF SYPHILIS AT DIAGNOSIS (Primary, Secondary, Early Latent, Late Latent, Latent, Unknown Duration, Late Syphilis)

RPR or VDRL Titer (1:), TP-PA or FTA-ABS Reactive (Yes/No), Other, Lumbar Puncture Done (Yes/No)

DATE(S) TREATED, MEDICATION / DOSE

OTHER REPORTABLE STDs

DIAGNOSIS, TREATED (Yes/No), DATE TREATED, MEDICATION / DOSE

Non-Chlamydial/Non-Gonococcal Pelvic Inflammatory Disease

Non-Gonococcal/Non-Chlamydial Urethritis (NGU)

Chancroid

4 FAX BOTH SIDES TO: (213) 749-9602

OR

MAIL TO: STD PROGRAM, 2615 S. GRAND AVENUE, RM. 450, LOS ANGELES, CA 90007

5 TO REQUEST CMR FORMS & ENVELOPES: Call (213) 741-8000 or DOWNLOAD at: www.lapublichealth.org/std/providers.htm

FOR CASE DEFINITIONS & REPORTING QUESTIONS: Call (213) 744-3070 or visit www.lapublichealth.org/std/providers.htm

FOR HIV REPORTING: Call (213) 351-8516 or visit www.lapublichealth.org/hiv

DIAGNOSIS & TREATMENT

SEND

INFO



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (323) 730-3723 FAX: (323) 731-9208 OR (323) 735-2085

<http://lapublichealth.org/vet>

ANIMAL BITE REPORT FORM

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city)	Body location bitten
How bite occurred (if other, explain)			
<input type="checkbox"/> Provoked <input type="checkbox"/> Vicious <input type="checkbox"/> Playful <input type="checkbox"/> Sick <input type="checkbox"/> break up fight <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Date Treated	Treated by		Phone number
Type of treatment			
ANIMAL			
Owner Name (last and first)		Address (number, street city and zip)	
Phone Number	Type of animal <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Description of animal
Remarks			
Report taken by:			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials

Los Angeles County
Phone: (213)744-6271
Fax: (213)749-0926

Confidential Morbidity Report of Tuberculosis Suspects & Cases

Department of
Health Services

Under California law, all TB suspects and cases must be reported within **one** working day

Patient's Last Name	First	Middle	Date of Birth / /	Age	Sex	Patient's SS#
Patient's Address	City	State	Zip	County	Phone () -	
Occupation	Country of Birth		Date Arrived in U.S. / /	Medical Record Number		
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic						
Date: / / _____ mm of induration		Chest X-ray date: / / _____			<input type="checkbox"/> Check here to Report a Skin Test Reactor age 3 yrs and under only	
Previous TB Skin Test		<input type="checkbox"/> Normal <input type="checkbox"/> Cavitory <input type="checkbox"/> Non-Cavitory				
Date: / / _____ mm of induration		Impression: _____				
Current TB Skin Test						

Complete for TB Suspect/Case Only

Active Disease	Site of Disease
<input type="checkbox"/> TB Suspect	<input type="checkbox"/> Pulmonary TB
<input type="checkbox"/> TB Case	<input type="checkbox"/> Extrapulmonary TB Specify Site: _____

Cough and/or Sputum production <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset / /	Date of Diagnosis / /	Date of Death / /
--	----------------------	--------------------------	----------------------

Bacteriology <input type="checkbox"/> Not Done	Treatment <input type="checkbox"/> Not Started		
Date Collected	Specimen Type	Smear AFB	Culture MTB
Drug	Dose	Start Date	
INH			
Rifampin			
EMB			
PZA			
Lab Name: _____	Phone: _____		

Remarks:

Reporting Health Care Provider	Telephone Number ()	Fax Number ()	For the TB Control Use <input type="checkbox"/> New or <input type="checkbox"/> Open DP#: _____ <input type="checkbox"/> Close date _____ <input type="checkbox"/> Conf. date _____ <input type="checkbox"/> TB or <input type="checkbox"/> PMD <input type="checkbox"/> Faxed date _____ <input type="checkbox"/> Faxed date _____ cc: _____ CT: _____
Reporting Health Care Facility Address	Submitted By	Date Submitted / /	

Rev. 1/99

County of Los Angeles ● Department of Health Services

Tuberculosis Control Program

2615 So. Grand Ave., Room 507

Los Angeles, CA 9007

WHY DO YOU REPORT?

Because it is the law! Reporting of all patients with *confirmed* or *suspect* Tuberculosis is mandated by State Health and Safety Codes Division 4, Chapter 5: Secs 121361 & 121362 and Administrative Codes, Title 17, Chapter 4, Section 2500 and must be done within *one day of diagnosis*. It also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Health Department.

WHO MUST REPORT?

1. All health care providers (including administrators of health care facilities and clinics) in attendance of a patient suspected to have or confirmed with active tuberculosis must report within *one calendar day* from the time of identification.
2. The director of any clinical lab must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified.

WHEN DO YOU REPORT?

1. When the following conditions are present:
 - signs and symptoms of tuberculosis are present, and /or
 - the patient has an abnormal CXR consistent with tuberculosis, or
 - the patient is placed on two or more anti-TB drugs
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB).
3. When the patient has a positive culture for *M.tuberculosis* or *M.bovis*.
4. When a pathology report is consistent with tuberculosis.
5. When a patient age 3 yrs or younger has a positive Tuberculin skin test and normal CXR.

DELAY OR FAILURE TO REPORT:

Delay or failure to report communicable diseases has contributed to serious consequences in the past. Under the *California Code of Regulations*, Title 16 (section 1364.10), failure to report a communicable disease is a misdemeanor punishable by a fine of not less than \$50 nor more than \$1,000, or by imprisonment for a term of not more than 90 days, or both. Each day the violation is continued is a separate offense.

The Medical Board of California has made failure to report in a timely manner a citable offense under *California Business and Professions Code* (Section 2234), "Unprofessional Conduct."

HOW DO YOU REPORT?

The form on the other side is to be completed in its entirety and submitted to Tuberculosis Control:

1. **BY FAX:** (213) 749-0926

or

2. **BY PHONE:** (213) 744-6271

After hours, leave your name, phone or pager #, patient name, DOB and medical record number on voicemail.

FOODBORNE ILLNESS REPORTING

Food and drink may be the vehicle of many human diseases, so reporting possible foodborne illnesses to the Health Department is an important surveillance tool for public health. Don't wait for tests results to return before you report; if you see 2 or more cases of the same syndrome in persons from separate households but with the same suspected food source, Public Health should be notified immediately by telephone. This is especially important if illness is suspected of coming from a commercial food item or retail establishment. Public Health can investigate quickly and take control measures to prevent exposure of others to contaminated or spoiled food.

Report possible foodborne illness to the disease reporting hotline: 888-397-3993. ☎

DISEASE REPORTING FORMS INDEX

All Los Angeles County Department of Health Services case reporting forms are available by calling their respective programs and through their web sites. The following forms are included in this issue:

Los Angeles County Department of Health Services, Reportable Diseases and Conditions, 2003

Morbidity Unit 213-240-7821
Acute Communicable Disease Control 213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Confidential Morbidity Form (revised 12/02)

Morbidity Unit 213-240-7821
Acute Communicable Disease Control 213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Adult HIV/AIDS Case Report Form

(patients over 13 years of age at time of diagnosis with out personal identification, for pediatric cases see below)
HIV Epidemiology Program 213-351-8516
www.lapublichealth.org/HIV/hivreporting/Adult%20HIV-AIDS%20Case%20Report%20Form.PDF

Sexually Transmitted Disease Confidential Morbidity Report

STD Program 213-744-3070
www.lapublichealth.org/std/H-1911A%20Nov03%for%20web.pdf

Confidential Morbidity Report of Tuberculosis (TB) Suspects and Cases

Tuberculosis Control 213-744-6160
www.lapublichealth.org/tb/cmrcmrfax.pdf

Animal Bite Report Form

Veterinary Public Health 877-747-2243
www.lapublichealth.org/vet/biteintro.htm
Not included in this issue:

Pediatric HIV/AIDS Case Report Form

(patients less than 13 years of age at time of diagnosis)
Pediatric AIDS Surveillance Program 213-351-7319
** Must first call program before reporting. **
[www.lapublichealth.org/hiv/hivreporting/Pediatric HIV-AIDS Case Report Form.pdf](http://www.lapublichealth.org/hiv/hivreporting/Pediatric%20HIV-AIDS%20Case%20Report%20Form.pdf)

Animal Diseases and Syndrome Report Form (online):

Veterinary Public Health 323-730-3723
www.lapublichealth.org/vet/disintro.htm

Lead Reporting Form

Lead Program 213-869-7195
Call program to obtain reporting information.

Calendar

Mass Vaccination Clinics: A Reality Check

This program provides the important components and challenges of a bioterrorism/pandemic mass vaccination clinic. Health department staff responsible for the implementation of these clinics and who would respond to BT threats and/or influenza epidemics will benefit from the information presented.

Date: Thurs, March 18, 2004
Time: 9:00 AM - 10:30 AM
Place: Immunization Program HQ
3530 Wilshire Blvd, Suite 700
Los Angeles, CA 90010

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THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County



COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

313 North Figueroa Street, Room 212
Los Angeles, California 90012